



**SMILE CENTER OF MERIDIAN**  
ADAM H. WEATHERS, DMD, PLLC

**FINANCIAL POLICY**

In an effort to keep dental cost down while maintaining a high level of professional care, we offer these office arrangements and policies for our services:

- Payment in Full is due on day services rendered.
- Cash, check, all major credit cards (except American Express) and money orders accepted.
- 7% discount for full cash payment of fee over \$500.00 at the time of service.
- Major treatment such as crowns, bridges, partials and dentures will require an appropriate down payment with payment in full upon delivery.
- Extended Payments are available through our Care Credit Plan. This plan allows up to 12 months of payment arrangements with no interest.
- Written preauthorization is not required for all treatment, but advised.
- A \$25.00 service fee will be applied for all returned checks.
- A \$25.00 service fee per scheduled hour will be charged to your account for all failed appointments without a 24-hour notice of cancellation.
- All cost associated with collecting the balance of a delinquent account will be added to and become part of the principle balance due this office. This may include but is not limited to court cost, filing fees, attorney fees and/or collection agency fees. All uncollected balances are reported to a national public credit bureau through Credit Data Systems.
- Insurance is filed one time as a courtesy to you. You are expected to pay any deductible and co-payment amount on the day of service. All balances are your responsibility whether or not an insurance company has paid on the account. If the insurance company is one that pays you directly, you are required to make financial arrangements to cover the entire balance of your account. We will not be placed in a position to wait for the insurance company to pay you first.

Significant costs are required to carry balances without firm financial arrangements. Statements, correspondence, insurance management, postage and personnel to handle office matters are all associated with fees for services. To control these cost, we ask you to adhere to our guidelines. Our policy is very flexible and allows you to choose the method that most suits your needs. Please feel free to ask questions about any matter concerning your service. Thank you sincerely for allowing us to be a partner in assessing and maintaining your dental health. We are sure you will benefit from the care our office provides. These policies are meant to clarify arrangements to meet your needs.

I understand the above financial policy and agree that all responsibility for payment for dental services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered, unless other firm financial arrangements have been made.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_